



Candidate Statement of Non-Receipt of Contributions and Non-Expenditure of Funds

For Candidates that have not spent or received any campaign funds

Name of Candidate or Officeholder			Phone Number	
Ben C. Ferry			(435)744-2997	
Street Address	Suite/Apartment/PO Box:	City	State	Zip
905 North 6800 West		Corinne	UT	84307
Office	District Number	County	Political Party	
Utah House of Representatives	2	Multi-County	Republican	

No Contributions & Expenditures

Type of Report (Check the appropriate box)	
INTERIM REPORTS:	FINAL REPORT:
<input type="checkbox"/> Seven days preceding Party Convention (Required by all candidates)	<input type="checkbox"/> Final Report (Required by all candidates and officeholders as soon as they close campaign accounts)
<input type="checkbox"/> Seven days preceding Primary Election (Required by all candidates)	
<input type="checkbox"/> August 31st (Required by all candidates)	
<input type="checkbox"/> Seven days preceding a General Election (Required by all candidates)	<input type="checkbox"/> Yes
YEAR-END REPORT	<input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> January 10th of every year	Is this report an amendment?

Report Verification	
I, <u>Ben C. Ferry</u>	
Name of Candidate	
affirm that I have received no Contributions and incurred no expenditures for political purposes during this reporting period.	
<u>Ben C. Ferry</u>	
Signature of Candidate	
<u>1/22/2009</u>	
Date	

To File this Form
Mail or deliver to
Lieutenant Governor's Office
Utah State Capitol, Suite 220
Salt Lake City, UT 84114-2325
(801) 538 - 1133
For More Information
Contact the Lieutenant Governor's Office
(801) 538 - 1041
1-800-995-VOTE(8683)
elections@utah.gov

For Office Use Only	
<input checked="" type="checkbox"/> Entered	_____
<input type="checkbox"/> Copied	_____
Date Received	